



Calverley Urban Sanitary Authority.

MEDICAL OFFICER'S ANNUAL REPORT, 1893.

TO THE CHAIRMAN AND MEMBERS OF THE CALVERLEY LOCAL BOARD OF HEALTH.

GENTLEMEN :—

The time has come round again for me to present you once more with the annual report as to the Sanitary condition of your district, during the year that has passed. I could have wished that the report had been more satisfactory than it is, but it is my duty to present you with facts, and not simply with entertaining reading. Our death rate is almost the same as last year, but Zymotic disease has been much more busy in our midst than we have recently been accustomed to, though it has not caused as many deaths as last year.

Mortality—

Forty-four deaths have taken place in the district during the year, but as two of these were non-residents I shall neglect them in computing the death-rate. Of these two deaths, one was that of a gentleman who was simply passing through the district, and died instantaneously of heart failure; and the other that of a person who was staying with relatives in the district. Taking into consideration the other forty-two deaths, and estimating the population at 2550, we arrive at a death-rate of 16.4 per 1000, as compared with one of 16 last year. It is slightly higher than the average of the last seven years, during which time it has been my privilege to present you with the annual reports. The average mortality for those years is 15 per 1000. On closer examination of the death list, the first item calling for recognition is the fact that one death was caused by infectious disease, viz., measles. This cause often figures in the list, and I attribute its presence greatly to the fact that mothers treat this disease too lightly, with the result that the little patient often gets pulmonary complications, which are the commonest cause of death in cases of measles. When we come to the diseases of the respiratory organs, we are pleased to note a large decrease from last year. These diseases furnish us with 9 deaths, as against 15 last year. The decrease is in the cases of phthisis and pneumonia. This year they account respectively for 2 and 3 deaths, as compared with 6 each last year. Bronchitis is responsible for 3 deaths, and one was caused by congestion of the lungs. Our attention is next arrested by the large number of deaths that were caused by diarrhoea. We had an extensive and severe outbreak of this disease during the summer, and four deaths were caused by it—three in infants, and one at the other extreme of life. Four deaths were caused by diseases of the heart, and two by another almost constant factor in the death list, viz., cancer. This disease is scarcely ever absent from my record, and its repeated presence is certainly very saddening to the medical mind. Four deaths were due to old age, two to intestinal obstruction, two to premature birth, and one each to the following diseases: cerebral hemorrhage, rickets, softening of the brain, marasmus, peritonitis, struma, tubercular meningitis, myxoedema, diabetes, haemophilia, disseminated sclerosis, convulsions, injury at birth, and hanging. The average age at death was forty years. Twenty-one deaths were those of females, and twenty-three of males.

Infant Mortality—

This is considerably higher than last year, due to the prevalence and severity of diarrhoea during the summer months. Eight infants died during the year, so that the infant mortality is 148 per 1000 births. This rate is considerably lower than that for the whole country. Three of the eight deaths were caused by diarrhoea, two by premature birth, one by marasmus, and one by injury at birth.

Birth-rate —

Fifty-four births were registered during the year, 27 males and 27 females, yielding an annual birth-rate of 21 per 1000, as compared with 21.6 per 1000 last year.

Zymotic Disease—

I now come to a very important item in my report, viz., the behaviour of zymotic disease in our midst during the past year. No deaths are recorded as occurring from any of the notifiable diseases, but one has been caused by measles, and four by diarrhoea. Though not on our notification schedule, these are yet diseases which come under the above category of zymotic disease. This yields us a zymotic death-rate of 1.96 per 1000, much larger than we have been accustomed to, but yet greatly below the average for the country. This statement, however, by no means gives an adequate idea of the incidence and progress of infectious disease in our district. In the first part of the year scarlet fever was very prevalent in the neighbouring districts, and was imported into our district twice during the month of January. One case was removed to the hospital, and disinfection of a large family and house was promptly carried out, with the result that no further case appeared. The other patient, being an only child, was isolated at home with a like satisfactory result. During the early weeks of the year a few cases of measles appeared. A slight epidemic of this disease began during the previous quarter, but was undoubtedly cut short by the closing of the schools for the Christmas holidays. One fatality occurred. In the last week of June two cases of typhoid fever made their appearance at Clovergreaves. Both cases recovered, and I could find no sufficient cause for the outbreak. The sanitary conditions of the house were satisfactory, and the milk and water supplies were common to the neighbourhood, which remained quite free from the disease. The third quarter of the year was characterised by a severe epidemic of summer diarrhoea, which resulted in four deaths. These deaths, as is usually the case, took place at the extreme of life, three being infants. Many cases were found amongst strong and healthy adults, but amongst these no fatality took place. A case of erysipelas was also notified during the month of September. Two sporadic cases of typhoid fever appeared during the third quarter of the year. In the first case the sink pipe went direct into the house drain, without any trap or disconnection

whatever. This fact was reported to the owner of the property, and was immediately remedied. The other case appeared in a house where the sink pipe had no trap inside the house. The inmates lived in the cellar-kitchen, and the gully over which the sink pipe opened was very foul and required thorough cleansing. This was attended to, and no other cases of disease transpired. In October, the first of a series of cases of scarlet fever occurred in a house in Thornhill Street. This case was isolated at home, as were also some twenty-five other cases which subsequently happened. The reasons for not removing these cases to the hospital, or for not urging removal very strongly, were, first, that the hospital authorities only possessed one ambulance, which was busy removing small-pox patients, and disinfecting houses in which this disease had appeared; and secondly, that the cases would have been much more costly to the parents if removed to the hospital. If your Board persist in the attitude that they have assumed of making parents pay for children isolated in hospital, I do not feel justified in urging working men to incur an expense much more severe than it otherwise would be, in order to protect their fellow ratepayers, who, through their representatives, exact the payment. Many of the subsequent cases, after the first two, appeared in children attending the Board School, and all about the same time. I visited the School, and found two children attending school who were peeling from a previous attack of scarlet fever. One of these being resident at a milk and food shop, I compulsorily removed to the hospital. The other, along with three other children in the same house similarly affected, was isolated at home. Cases still continuing to appear from the same school, and the Xmas holidays being close at hand, I advised the Board to close the School. This step was taken, and the cases immediately diminished in frequency. Those which occurred subsequently could be otherwise accounted for. A few of the cases came from the National school, but a visit to this institution was productive of no explanation. During the last fortnight of the year, three cases were reported from Rodley district, but I satisfied myself that these had been contracted from infection in the Leeds Borough precincts. And here I should like to say a few words as to our administration of the Notification Act. As regards the liability of parents under the Act, it has practically been a dead letter during this epidemic of scarlet fever. The case which I found peeling and attending school was from a milk shop. The mother of the boy admitted that he had been at home with rigour, head-ache, sickness, sore throat, and a red rash, and that afterwards his skin began to peel. She yet stated that she was not aware that he had been suffering from scarlet fever. The same experience has been repeated twice since, and I have found children in the desquamating stage of scarlet fever attending school. In order to make parents aware of their responsibility to the public in this matter, I fear you will have to undertake a prosecution. At any rate I would urge that the adoption of this Act by your Board should again be made public, and at the same time a determination to prosecute defaulters under the Act should be strongly insisted upon. I am of opinion that an intelligent adherence to the provisions of this Act, in one or two instances, would have resulted in the preventing of at least half the cases that have occurred. I would advise you at the same time to adopt the Infectious Diseases Prevention Act, 1890, and make public such adoption. This would greatly strengthen my hands in coping with the spread of these diseases.—I now pass on to deal with another and much more serious case of infectious disease, which has visited us during the year. On the 28th of October a case of small-pox was discovered at the house of Mr Mills, Ravenscliffe Terrace. I had little doubt that this was contracted in Bradford, where the disease was raging furiously at the time. The patient had been to Bradford, and to a place of public amusement there, about twelve days before the initial rigour. Our small-pox hospital was not open to receive patients at that time, owing to repairs and painting. The patient had to be kept at home six days after the rash appeared, and disinfection of the house and inmates could not be effected for ten days. There being eight other persons in the house these conditions were very awkward. After consultation with your chairman I took the following procedure:—I re-vaccinated all the inmates of the house, and promised that if strict quarantine were maintained your Board would compensate the family for any loss incurred by staying at home. They loyally obeyed my injunctions. After removal to the hospital, the house was disinfected, and no extension of disease occurred. On November 6th another case of small-pox was notified to me at Cliffe Cottages, Dick Lane. This case was removed to hospital, but the inmates of the house refused quarantine, and two also refused re-vaccination. On November 20th, another case turned up in the same house. It was forthwith removed to hospital, — a second disinfection took place, and no further extension was recorded. The great desideratum in cases of small-pox is power of compulsory detention of those persons who have been exposed to the infection during a sufficiently long period to cover the time of incubation, and power to compensate such persons out of the rates. These powers we do not yet possess, but I may inform you that the Incorporated Society of Medical Officers of Health is just about to make a strong representation to the Local Government Board on these lines. On the 31st of December a case of small-pox was removed to the hospital from my own house, in the person of my cook. You will be aware that a great deal of talk has arisen from this case. I was attending cases of small-pox at our hospital at the time this case happened, and I was blamed as the cause of the disease. I think that such censure is perfectly unjustifiable. Twelve days before the appearance of the rash my cook had been down to Leeds by train, on the direct line from Bradford, in which place small-pox was spreading alarmingly, — as many as 80 cases appearing weekly. I may say that since that time I have become acquainted with two cases in which similar circumstances have caused the disease. Whilst attending small-pox I used a special suit of clothes for the purpose, and over this mackintosh covering. I never came away without thoroughly disinfecting every exposed part of my person. Having only had my cook for one month, and not having spent ten minutes of that time in her presence, I fail utterly to see how I can have conveyed the disease to her, after taking the above precautions. I have felt it my duty to go into these details, as I consider the charge which has been made against me a very serious and unjustifiable one. In virtue of my position as Medical Officer of Health I have had to attend cases of infectious disease at our hospital, in the interests of the public health, and at a great sacrifice to myself. The recompense that I get is undeserved censure from an ignorant public, whose interests I am trying to serve. I trust that your Board will ponder this question seriously before lending any official sanction to such conduct.—With regard to other infectious diseases, we have had a few cases of mumps, whooping cough, and influenza, but none of these have assumed epidemic form. With respect to the extension of small-pox, I shall have something further to say in my next quarterly report.—I trust, gentlemen, that it will be a long time before I have to present you with such a formidable array of cases of zymotic disease in my annual report. These diseases travel in cycles, and will doubtless again cause us disquiet, but I hope the date is far distant.

Isolation
Hospital—

In order that you may know how you compare with the neighbouring districts, as regards infectious disease, I append for your perusal the tabulated results of our Conjoint Hospital work during the year. You will see from it that we have had the least admissions of any of the conjoint districts, but this would not have been so, if our early cases of scarlet fever had been removed to hospital.

CALVERLEY INFECTIOUS DISEASES HOSPITAL.

Return of Patients for 12 months ended December 31st, 1893.

From	Small-pox.	Scarlet Fever.	Typhoid.	Total.
Calverley	3	3		6
Eccleshill	18	30		48
Farsley	5	2		7
Idle	11	27	23	61
Pudsey	17	6	1	24
				146

Died—

Calverley				
Eccleshill	2	2		4
Farsley				
Idle			3	3
Pudsey	1			1
				8

You will see from the above that the total mortality has been eight, yielding a percentage of 5.5. Of these Calverley has not furnished one death. Neither has any case of mortality taken place amongst those who remained at home,—a very satisfactory termination to a very disquieting episode. In conclusion, I should like to urge you to accord to the above institution your intelligent and generous support, and to treat all matters relating thereto in a progressive and enlightened manner. Upon such an attitude depends entirely its efficacy in preventing the spread of infectious disease within our borders.

Water Supply—

The important feature in our water supply during the year has been your acquisition of control over the Barden water of the Bradford Corporation. This is a very satisfactory consummation. In spite of the dryness of the season, I heard no complaints as to inadequacy of supply. This I attribute greatly to the fact that many more houses have been connected with the Board's supply, owing to last year's failure of the Thornhill water. Certain defects in this latter reservoir have also been remedied, with the result of a more copious supply. I am afraid, however, that this will always be inadequate and open to grave suspicion. May I commend your action also in supplying the Barden water at a somewhat lower figure than formerly, which offers an inducement to householders to connect with this better and more copious source. A further reduction in the price of this important domestic commodity is eminently desirable, if you can see your way to such a course. There still remain many houses in the district which have no supply inside, and are totally dependent on wells,—always a dangerous source of water in a populous community. One of these wells has been shown during the year to be very seriously contaminated, and the six houses drawing their supply from this source have been provided with a better water. With regard to the provision of a copious and satisfactory supply of water, I would urge you to continue a generous policy, such as has actuated you during the past year. The effect of this policy has been evident during an excessively dry year in the absence of complaints as to deficiency of water.

Sewerage & Drainage—

A deep sewer has been laid during the year along the whole of Capel Street, and all the house drains in the street connected thereto. There still remains a small portion of the village unprovided with deep sewers, and I presume you will attend to this as soon as you find opportunity. In consequence of the action of the County Council I understand you have made considerable progress towards a scheme for outfall works to treat our sewage. The absence of such works is one great defect in our sanitary system, and I trust that you are gradually evolving a sound and efficient method of dealing with the question. I should like to impress upon you that this work is a large one, and deserves serious thought. Above all, do not approach the question in a niggardly spirit, but if possible let the first cost be the last cost. This is eminently a subject where you can get a cheap and nasty article, with consequent further outlay and disappointment. It is eminently desirable that the work should be well and efficiently done, and that the effluent when it leaves the works and passes into the river should be almost above suspicion. This cannot be done without considerable expense, but that it ought to be done, anyone who remembers the condition of the river in the summer months will be the last person to deny. There still remain some houses in the village which are not disconnected from the drains. Some have been remedied during the year, but everything is not yet in order in this respect.

Nuisances—

My attention has only been called to one nuisance during the year, which was promptly remedied by the responsible person. I presume therefore that the work of your nuisance inspector has been aided by the good intentions of the inhabitants, and that any nuisances complained of have been remedied without my intervention. In my inspection of the district, I find no crying nuisances to report. I have had no complaints as to slaughter-houses or cow-sheds, and I presume these are therefore in such a state as to satisfy your inspector.

Conclusion—

In conclusion, gentlemen, I would urge your attention during the ensuing year to the following points:—

- 1.—The adoption of the Infectious Diseases Prevention Act.
- 2.—The provision of Sewage treatment works.
- 3.—The insistence upon an adequate supply of suitable water to all houses in the district.
- 4.—The more frequent cleansing of ashpits.
- 5.—The more stringent administration of the Notification of Infectious Diseases Act.

I should also like to take this opportunity of thanking you for your generous support of a course of Lectures on Sanitary subjects, delivered during the early months of the year. The lecturers were the Medical Officers of the Joint Hospital district, and the subjects dealt with comprised house construction and drainage, air, water, food, and infectious disease. They were well attended, and I had reason to believe that they were followed by satisfactory results. All such efforts deserve your approbation.

I remain, Gentlemen,

Your obedient Servant,

Shaftesbury House,
February 7th, 1894.

CHAS. ED. HOLLINGS.

